



ACUSHNET COMPANY

508-979-3063

P.2

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
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or **Fax** **(703) 746-4000**

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040990

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01/05/2005

ACUSHNET COMPANY  
333 BRIDGE STREET  
P. O. BOX 965  
FAIRHAVEN, MA 02719

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Troy R. Lester (Depositor's name)  
(Signature)  
3-23-05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/077,090	02/15/2002	William E. Morgan	B01-11	3511

TITLE OF INVENTION: GOLF BALL WITH SPHERICAL POLYGONAL DIMPLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/05/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
GORDON, RAEANN	3711	473-383000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Acushnet Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fairhaven, MA

03/30/2005 AWONDAF2 00000036 502309 10077090

01 FC:1501 1400.00 DA

02 FC:1504 300.00 DA

03 FC:8001 15.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 5

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502309 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

3-23-05

Typed or printed name Troy R. Lester

Registration No. 36,200

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p. 1

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FAX COVER SHEET

DATE: March 23, 2005

TO: Mail Stop Issue Fee  
Commissioner for Patents  
Art Unit: 3711, Examiner: Raeann Gorden  
Facsimile No.: 703-746-4000

FROM: Troy R. Lester  
Customer Number: 40990  
Phone No.: (508) 979-3534

RE: Application Serial No.: 10/077,090  
Payment of Issue Fee and Publication Fee (if required)

Pages including cover sheet: 2

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on March 23, 2005  
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Troy R. Lester (Reg. No. 36,200)  
Name of person signing Certificate

*Titleist*  
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Fairhaven, MA 02719-0965

  
cobra

**FOOTJOY**  
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